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A MENTAL HYGIENIST LOOKS AT THE CURRENT VALUES AND CHANGING NEEDS OF YOUTH. FINAL DRAFT.

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DESCRIPTORS- *MENTAL HEALTH, VALUES, ADOLESCENTS, AFFLUENT YOUTH, *MIDDLE CLASS CULTURE, SOCIAL ATTITUDES, *DRUG LEGISLATION, *DRUG ABUSE,

THE MENTAL HEALTH PROFESSION HAS FOCUSED ON DIFFERENT KINDS OF DRUG USERS AND THE NEED FOR DIFFERENTIAL DIAGNOSIS AND TREATMENT. THERE ARE SEVERAL TYPES OF DRUG USE, ONE OF WHICH IS CONFORMIST ADOLESCENT USE. DEVELOPMENT OF IMPROVED, MORE SUCCESSFUL DIAGNOSTIC AND TREATMENT METHODS IS BEING PRESSURED FOR BY CONCERN OVER THE INCREASED USE OF DRUGS BY ADOLESCENTS AND YOUNG ADULTS IN MIDDLE CLASS AND WEALTHY COMMUNITIES. THE USE OF DRUGS BY CONFORMIST ADOLESCENTS IS MOTIVATED NOT BY PSYCHOLOGICAL DISORDERS BUT BY THE PERCEPTION THAT IT IS FASHIONABLE AND PROVIDES INDEPENDENCE FROM ADULT SOCIETY, AND BY PEER GROUP PRESSURES TO CONFORM. EXPERIENCES WITH OLDER ADOLESCENTS AND YOUNG ADULTS TEND TO INDICATE THAT DRUG USE DOES NOT APPEAR TO BE IMMATURE REBELLION BUT ONE FACET OF DISSENT. WHAT IS NEEDED IS A GREATER WILLINGNESS ON THE PART OF THE ADULT TO ATTEMPT TO UNDERSTAND RATHER THAN JUDGE THE ACTS OF YOUTH. DRUG USAGE SEEMS TO CONSTITUTE A PROBLEM THAT WILL NOT BE REDUCED BY CURRENT METHODS. AN OBJECTIVE UNDERSTANDING OF THE RELATIONSHIP BETWEEN DRUG USER AND SOCIETY IN TERMS OF THE EFFECTS OF USAGE ON BOTH IS NEEDED AS AN ANTECEDENT TO LEGISLATION. REACTIONS TO THE PRESENTATION ARE GIVEN. THIS SPEECH WAS PRESENTED AT THE CONFERENCE ON YOUTH (MERIDEN, CONN., APRIL 26-27, 1966). (JH)

(Final Draft)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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The Current Values and Changing Needs of Youth

.. REPORT

OF THE

CONFERENCE ON YOUTH

Conducted by the

CONNECTICUT SECONDARY SCHOOL YOUTH PROJECT

at Meriden, Connecticut

April 26 and 27, 1966

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The Connecticut Association of Secondary Schools

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The Connecticut State Department of Education

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FINAL DRAFT

Introduction of Dr. Richard Brotman

John P. Lukens, Director of State Commission on Youth Services

Mr. Chairman, ladies and gentlemen: before I introduce the next speaker, I would like to share with you the pleasure that the State Commission on Youth Services has in being a part of and being a sponsor of this project. We're very excited about it and really hopeful that something significant will come as a result of it.

I've been given the privilege of introducing Dr. Richard Brotman. Dr. Brotman is a professor of psychiatry and a director of the Community Mental Health Center at the New York Medical College in New York City. He is the author of numerous articles on problems of the substance use of narcotics and alcohol among young people.

May I insert an experience that I had yesterday? The chief prosecutor of one of our circuit courts commented that they have been faced with an increasing number of youngsters with a problem of narcotics - the use, the experimentation. He feels that the problem of use and some of the resulting problems are at about the same stage that alcohol was ten and fifteen years ago. I thought this was rather interesting, and I just wanted to share it with you.

Dr. Brotman is the author of numerous articles on problems in many other areas in addition to those I mentioned. He has served as a consultant to many groups and agencies and has traveled widely concerning problems of youth and dissent. He is a father to three children and a husband to a very understanding wife.

It is really a sincere pleasure to present Dr. Brotman.

CG 000 032

(Final Draft)

Richard Brotman

A Mental Hygienist Looks at

The Current Values and Changing Needs of Youth

Since my topic today is substance use among adolescents, you might expect me to tell you about the disastrous personal consequences of this, or the terrible social problems it creates. I am not going to do that. I am not going to give you a public-relations spiel on the drug problem. I don't want you to go home worried, or frightened, or fired up to get some new laws passed.

Many of my colleagues in the mental health professions wish more attention would be paid to their own specialty. I wish less would be paid to mine. As an expert in this field--and there's a whole group of us--I've spent a number of years traveling around the country to conferences, and testifying before legislative bodies, and talking to all kinds of professional groups. And we all keep saying pretty much the same thing: we used to emphasize that there are different kinds of drug users and that differential diagnosis ought to be introduced into their treatment; now we try to get people to understand that there are different kinds of drug use, too, and that one of the kinds is conformist adolescent use. The main result of all this educational effort is that we get a plethora of dreadful legislation and an hysterical press.

It goes in cycles, of course. A month ago The New York Times was running two or three drug stories a day. Now we're seeing one a week. States are having contests to see who can pass the harshest humanitraian laws. And the district attorney announces that the schools are full of LSD. In the ensuing scramble it seems almost forgotten that what the schools are really full of is kids.

So what I want to talk about today is "adolescence" with a sub-heading "substance use", rather than the other way around.

Closed Systems Untenable

Let me tell you first how I happen to know something about this. For a number of years the mental health profession has been one of the most closed systems in existence. Social workers talked to each other, and psychiatrists talked to each other, and that was about it; interdisciplinary communication was minimal. Psychiatrists treated affluent individuals one-at-a-time, or were paid by social or governmental agencies to work with the poor with whom, generally, they could neither communicate satisfactorily nor spend enough time for their traditional techniques to have effect. Likewise, social workers have also traditionally been paid by one group to render service to another. Thus, the client group to whom any mental health service was provided was unlikely to complain effectively that the service was poor or to insist as a political body that it get better.

But our closed system is now being broken apart by forces coming from two directions. First, the poor are beginning to find themselves in a better position to insist upon more meaningful and appropriate mental health care. The poor are virtually being forced to speak of their own situation, and being granted money for improving it (then being harassed and castigated for misappropriation and unprofessional conduct; the two most significant "poverty agencies" in New York, Mobilization for Youth and HARYOU-ACT, have both gone through this). But when a group can contract for its own services, either you come across, or they go elsewhere, and you go out of business. This is probably the strongest contemporary pressure on the mental health professions to develop new, more sensitive and more successful diagnostic and treatment modalities.

In addition, a second force at work is that which arises when whole communities of middle class and wealthy parents find their own children using drugs. As professionals, we are expected to know what to do about this. Of course, that "what to do" is circumscribed for us--we have to make the kids stop using drugs. And we have to do this quietly, absolutely, and as soon as possible. Confinement, with maybe psychotherapy or authoritarianism or whatever thrown in, may have been all right for the lower-class junkies; but for the school principal's daughter or the stock-broker's son, spending fifteen years in prison is unthinkable. We are asked to solve the problem some other way.

I am pleased with both these developments and optimistic that they will eventually bring about significant and salutory changes in mental health care, particularly in terms of ways of handling substance use. I am equally concerned, however, that over the short term there's going to be a lot of trouble. And it looks as if the age group who are going to have the roughest time of it are the adolescents.

Let me give you an example. Just prior to last Christmas, the federal government, concerned about the protest movements on the college campuses, put young undercover men into these groups. The reason we found out about it is that they didn't come up with any Communists, but they did come up with an awful lot of marijuana users. They didn't lock them up right there on the campuses. Instead, they waited until the kids went home for vacation. Then the undercover agent would approach a youngster, induce him to supply some marijuana, and lock him up in his own community so he could be tried under federal law in his home state.

Young Substance Users

All of a sudden in the city of New York we had many upper-class children in federal court on four charges: possession of narcotics, possession of works (that is, equipment to use drugs), conspiracy to sell, and selling. These are very serious charges. You can spend your life in jail on them; and if you happen to be over twenty-one and sell to a minor, you can get the death penalty.

What could be done with all these people? They weren't addicts, so putting them in a hospital for detoxification was worthless. Some of them were very influential. Having caught these kids, the authorities really didn't know what to do with them. They sent some of them to us at New York Medical College, to our urban Mental Health Center for evaluation, on the assumption that these must be very disturbed kids. You see, if they had come from Harlem or Bedford-Stuyvesant there would have been no problem at all--they would have been locked up in a minute. But because they came from certain communities like Forest Hills and Rego Park, where a youngster is brought up in affluence and educated to the teeth, then to behave this way and get involved with drugs they must be very disturbed. Well, I don't think so.

I have been in close contact with two groups of young people lately. They are not in legal trouble because of substance use and most of them never will be; they are not labeled criminal or disturbed and most of them never will be. We might call them the 96% who are healthy. Their case is instructive because in many instances their substance use behavior at least is indistinguishable from the 4% who are labeled disturbed.

The first group are high school students from half a dozen private schools in New York and Connecticut. Not all of these kids are from wealthy families--quite a few are on scholarships.

The second group are college students and young instructors, particularly on the West Coast, and they represent the high school group some years older. Again the intellectual bias of the sample is stronger than the socio-economic one, although, importantly, there seem to be no really "deprived" individuals among the leadership group. These kids are by no means "juvenile delinquents" in any reasonable definition of that term. Their social behavior, however, is often significantly different from that of their parents and teachers, and this is what's causing the excitement.

At one of the high schools where we have worked extensively, we were initially invited in by the faculty and administration to investigate--to see if they really had a drug problem. We talked to all the students in the ninth and eleventh grades, one class section at a time, with the teachers absent. We found that about half of the kids were using or had used drugs other than alcohol, with marijuana being the most common. Now we find that the faculty is unable to cope with this statistic; one or two out of a hundred they could handle as they would any other instance of "deviant" behavior. Instead, they have taken refuge in disbelief, and we're having a hard time getting them to accept the real situation and behave appropriately in relation to it. The immediate problem, in other words, lies mainly with the faculty.

In California, drug use among older teenagers, the college-age group, has received national notice, and is not so much disbelieved as abhorred. It is not seen as a crisis of childhood--like smoking pot in the sixth grade--but as adolescent rebellion or dangerous social irresponsibility to the point of criminality.

Users Aren't Sick

I spent most of my free time during a recent professional meeting in San Francisco with these young people. Their sense of social responsibility and commitment is extraordinarily high. They are involved with each other and are concerned with moral and ethical issues to an extent which surpasses most of the "adult" community. They do not show symptoms of mental illness; they are not terribly neurotic. They <u>do</u> have strength and will power, often in usable form, and they are determined to exert systematically whatever influence they have toward a number of goals of social change.

The quality of their group interaction is virtually unprecedented. It seems to me that there are at least two factors at work in this that are particularly relevant to substance use. Among the younger kids, the high school age level, peer group pressure is high, as it is in any adolescent community. Since substance use is now fashionable--and this fashion, I think, is wholly independent of the adult society--there is a strong pressure on the individual youngster at least to experiment with drugs like marijuana and LSD. This is what I meant by "conformist adolescent use".

The objection is raised: "But they're just doing it for kicks or as a form of rebellion." One eleventh grade girl replied to this: "It may have been that when it first started, but not anymore." I think she is right. This is an activity, accepted and encouraged by the peer group, which in addition to being a powerful aid to socializing, offers "enlightenment, self-knowledge, and expansion of consciousness". And that's more than you can say for alcohol. Whether these personal benefits in fact accrue or not is practically irrelevant in view of the overwhelmingly favorable propaganda.

Let me say that I am not condoning as healthy any acting out which happens to occur under group sponsorship. Gang-sponsored hell-raising is another order of activity altogether. Drug use itself is not directed at others. In our assessment of it we must bear this in mind; for if we are condemning or prohibiting an activity just because of its danger to the actor, then maybe mountain-climbing ought to be outlawed, too. If, on the other hand, we are condemning it not as a crime without a victim, but because in itself it represents a distinct threat to the social order, then we ought first to examine exactly how the threat is constituted and what there is in the relationship of the individual to his society that brings it about.

Adult Use Purposive

This is a particularly important point in relation to the older psychedelic users. They are breaking a law. Why? Not, I judge, as an act of immature rebellion, but largely as rational, considered, purposive behavior. As a dissent, that is, in a situation which they find to be senseless. The behavior is by no means retreatist, as we used to characterize the heroin use of many lower-class users; it does not even represent an "escape" into "heightened perception", for the applicability of the experience to everyday living is repeatedly emphasized.

Rather, I think, this substance use is just one aspect of an objection, strong enough to lead to action, to many conditions of contemporary society. Perhaps one reason that more vocal, street-demonstration type activity goes on in the civil rights area, for instance, is the feeling that this should be the subject of legislation, while substance use per se ought not to be ("legalize marijuana" means remove the laws against it). In this area as well as in education, civil rights, the peace movement, etc., experience with continued non-violent group action and the planned breaking of inappropriate laws has shown that change can be brought about.

To return to the second factor which is relevant to substance use by our young people. There is often among them an extraordinary sense of free community. This is different from adolescent peer group pressure toward conformity. It also seems to me to be unrelated to the kind of sub-cultural banding together one sees in small deviant groups; it does not seem to arise in counter-reaction to the bad guys in the square world. But it looks pretty strange from the outside.

After the Castalia Foundation's mansion in Millbrook was raided last week and Timothy Leary and some others were arrested, a reporter talked to the Sheriff in charge:

Q: Did they offer any resistance?
A: None at all. They were very polite.

Q: Did they act as if they had done something wrong?
A: Absolutely not. There was no indication that they felt any guilt at all. No outrage. They seemed to be perfectly at home. Of course they talked back and forth among themselves without us knowing what they were talking about, but they were very quiet and passive.

This peculiar sense of ease is not a concomitant of intoxication, nor is it condescension. It looks like a mysterious ritual to a generation generally unacquainted with its operation, but to those personally involved, this kind of communal interaction is, simply, a fine way to live.

It is not surprising that substance use, particularly of the psychedelic drugs, should be connected with this kind of strong group involvement--though I don't know which is cause and which is effect. It is true of these drugs that their use is group-dependent. Strong conditioning is bound to arise. You must be taught how to smoke marijuana and must be told what effects to expect; otherwise nothing happens. With LSD, characteristics of a "trip" and often the individual's own safety are dependent on others. Thus, with these substances the <u>quality of the experience of the drug itself</u> is largely dependent upon the people with whom it is used.

Lack of Communication

One of the greatest problems we face in trying to understand substance use in this context is that there is no communication between us and our children on the subject. ("They talked back and forth among themselves without us knowing what they were talking about".) We can manage to talk about sex now, but not drugs. The funny thing about this is that the kids have more factual knowledge about the drugs than their parents do. All the adults can think of is to forbid it. The discussion which should be occurring here just can't get going, and one reason is that the younger generation knows more than the older generation. It's like trying to talk to your kid about the New Math--only it's a lot worse, because the New Math isn't a criminal offense.

Let me summarize the two main points I have made. First, there is a type of substance use, particularly of marijuana and the hallucinogens, which is extraordinarily prevalent among middle- and upper-class teenagers today. This is conformist adolescent use, and it is <u>not</u> associated with psychiatric disorder. Second, among many older adolescents and young adults, drug use is but one facet not of rebellion, but of dissent; not of social irresponsibility and immorality, but of adherence to a set of rational and humane tenets, quite like those upon which, in theory our demoncracy is founded, but which are not infrequently rather contrary to the way we actually do business. There is, in addition, an almost total lack of knowledge about and understanding of this phenomenon on the part of those of us not directly participating in it.

We certainly understand enough to know that several dozen admissions to hospitals for short-term acute psychoses associated with LSD use does, in fact, constitute a "problem". But we are not going to reduce this number by methods currently in use: adolescent substance use is simply not subject to legislative elimination. It probably is, however, subject to integration into an overall social pattern that we can live with comfortably.

RB:jfl
6-20-66

(Final Draft)

Interrogation of Dr. Brotman by:

John Schramm, Managing Director of the Kazanjian Foundation

I'm not asking this question on the criteria that it's as important as what a professor of psychology would ask, but I'm frustrated and almost a little angered by what the doctor has said and I would like to relieve my frustrations.

I agree with Dr. Luckey that I also am not altogether sure what our good friend the doctor intended to communicate to us, what his real message was. When he said that the use of drugs will be more widespread and will continue in the future, I tried to think of what the implications of that were. I dismissed from my mind, as I judge the doctor, that he would subscribe to it as a normal and desirable way of life. What I think you meant, doctor, was that you have scientifically redefined the basic needs and the nature of man in terms of his environment and found that the culture, the affluent culture, does not meet those needs, and, unless society is restructured basically, the continuation of the use of drugs as a substitute for these basic needs will continue. Is that what you meant?

(Final Draft)

Interrogation of Dr. Brotman by:

Eleanore B. Luckey, University of Connecticut
Chairman of the Department of Child Development

I am an adolescent. I think that what I just heard was a challenge to those of us who have been thinking that we were adults, saying that the younger generation has "gotten with" our affluent culture in ways that we're not prepared to keep up with, nor are we prepared, I take it, to understand.

One of the things I think Dr. Brotman has said to us that we should think about and look at was his statement about the group of sub-professionals who are working in the mental health movement. These are perhaps somewhat akin to the Alcoholics Anonymous or the parents of retarded children helping other parents. Perhaps it is through the use of sub-professionals who are or have been knowledgeable drug users that some kind of a bridge can be built to professionals who are, understandably, somewhat reluctant to move their stance from the more traditional ground to that of the drug user.

I couldn't help wondering, when Dr. Brotman said that the adolescent is speaking to us in a straightforward way what he would have us hear; what is it he is saying with his use of drugs? From where I stand, it sounds that perhaps he's saying, "To Hell with life, with you, and with me." I don't think that that's what Dr. Brotman believes he's saying, but I don't know. I don't know what he's saying. I can't hear him, I guess.

I also should like to know what Dr. Brotman meant when he said, of our generation, "We can be had but youth cannot." Since our time is short, I am going to stop here.

(Final Draft)

Dr. Brotman's response to interrogation of Dr. Eleanore Luckey

There's only one correction, Dr. Luckey. I said that we have been had already. I didn't say we will be or can be. I said we have been, which is, you know, a different kind of thing.

As far as the sub-professionals are concerned, I didn't mean that the sub-professionals can get closer to people than we can. What I did mean was that it's a way of giving employment to a whole group of people who can't be employed elsewhere and who are very useful because so many people need other people; so that if you can give them a little bit of training and let them go out and be with people, that's useful of itself.

I would not want to respond to the question of what the adolescent is saying because I would believe what he said if I listened to the words. I wouldn't give it any other interpretation. If he says to me, "I like to get high", then that's what he means. If he says, "It gives me a good feeling to sit and contemplate my navel under the influence of marijuana", then I believe it. I don't think of what he says as an unconscious symbol. If the kid says, "I use drugs occasionally to go to parties because it makes me feel good but I'm doing well in school. I like what I'm going to become. I don't like my environment too much but I'm going to work hard against it", then I believe that. I don't think the kids are saying, "I'm going to go to Hell. I don't like society and I'm going to fight against it." I don't think they are saying that at all - quite the opposite. I think they're saying, "I'm going to experiment. I'm going to expand. I'm going to do what I want to do because that is what affluence has taught me."

If you've got nothing in the Toy Mart that you can buy and there's nothing that you want, you've got to go after something or else you can't live. How could you live without wanting something? If the only way you can get it is by competition and you're fed up on that, you say "O.K., I'll go and find my adventure in any way that I can."

Situations We Can't Tolerate

At lunch today, Mr. Rogers said that, when the kids in his school went out in their cars to the Drive-in, six or eight cars drove in at one time. The kids threw open the doors and turned on the radios - eight radios with the doors open, eight cars in front of a place. Who gets called? And what happens? The cop says "What's going on here?" The kids say, "Nothing. We came up here to get a hamburger and we all turned on our radios." The cop says, "Get out of here." Everybody grumbles, and that's put down as an incident. It becomes youthful rebellion. I don't see it as rebellion at all. It's a situation that we can't tolerate. The noise is too much. There are too many people in one place at one time. There are too many kids. There is too much activity. What are they doing there? Why aren't they home where they belong? This is an incident that occurs every day.

It happened to my own boy, who was wandering around the moors in our town. A cop picked him up at 10:30 in the morning and said, "What are you doing here?" The boy said, "I'm here because the principal told me to be here." The cop said, "Get in the car", and, as he got in, asked "What's your name?" "Brotman". "Oh, you're Dr. Brotman's son." "Yes." "Well, what were you doing there?" "I'm telling you the principal told me to be there". They get to the school and up to

the principal. He looks at the cop, looks at my kid, and says, "What happened?" The cop, who is a very fine person whom I've known for years, said, "I saw this kid wandering around the moors at 10:30 in the morning." The principal said to my boy, "Why didn't you tell him you were collecting specimens - that it's your job for the day?" "He didn't listen", the boy said. "He didn't listen to anything." And when he came home, he said, "Dad, why don't the cops listen?"

I think that's a very appropriate response. It is true that the policeman is not used to seeing people walking on the moors at 10:30 in the morning and he is concerned about kids. But if he'd asked "Why did the principal send you?", the kid would have said, "He sent me to collect specimens and I got the bottle and I'm here." But he would have thrown him in the car and taken him back anyway, that's for sure. The fact remains that there was no communication. When a kid says something, he says it in very clear, non-elaborative language. Can you imagine what it is for a psychiatrist to sit and talk with an adolescent who is non-elaborative? That's a disease - to be non-elaborative. It means you're blocked. But I don't think you're blocked at all. This is the way you communicate. When a kid doesn't communicate that way, when he is elaborative, then he's able to relate; then he's a good kid. If he's non-elaborative and he's a lower class and he's a negro, that's understandable. But if he's middle class and white, then he's partially disturbed. This is happening in our place all the time.

I'm a very basic guy. I can't think in an abstract way. I have to see and then tell you what I see, then leave the meaning to you. I'm sure that there is an abstract meaning that has to be gathered after many, many close observations. If you're going to make close observations, you'd better get close to where the action is. Our action is not in our medical school. Our action is not in our community health center. Our action is in the community around us. Unless we get out and look at the action, the years of non-conversation between me and the kids on drugs will continue in other areas as well. Where is the feel for action? Is it truly only in the classroom? This is a significant problem. Teachers have told me that it's none of their business whether the kids are blowing pot from Friday through Sunday so long as they're doing fine in school. Really it is their business if the kid is trying to talk about it and we turn him away.

I don't know, Dr. Luckey, what is the answer to the question of what the kids are really saying. In Frankfurt, Germany, three months ago, a thousand children ringed the square - a thousand of them. They did not belong to the Nazi Youth Movement; they did not belong to the Communist Party; they happened, late one afternoon, all to grativate to the square on Friday after school and they screamed at the top of their lungs for fifteen solid minutes without a word, a single word. All they did was scream. No slogans; no leaders. They got the people in Frankfurt so upset! Can you imagine a thousand kids just screaming with no apparent purpose? The firemen turned the hoses on them, drove them off soaking wet - and they were simply delighted. It became a mark of distinction to be drenched. When someone said, "How did you get here?", one kid said, "I don't know; how did you get here?" They talked to each other. I guess that social psychologists call that "pluralistic ignorance". The fact is that nobody knew how they got there. There was no rhyme, there was no reason, and three months later the psychologists in Germany are asking "What did it mean?" Screaming is what it meant.

(Final Draft)

Interrogation of Dr. Brotman by

Clarence Steinberger, State Department of Education

I think I got the message in terms of non-communication between generations that Dr. Brotman raised, but I would like to raise the question as to whether there may not be too much communication. It seems to me that I recall vividly that youth maintains its secrets of childhood as part of the pattern which justifies their being children and that childhood games had the effect of maintaining the secrets of childhood. When I grew up, it happened to be sex that was a secret of adolescence, and youth has lost this. The recent St. Louis study disturbs me greatly on the basis that sex can no longer be fun. It's scientific. I would raise the question as to whether we are not taking away from youth the rights to the secrets of childhood and that what we find in terms of drug addiction is merely the substituting of an area of life where secrecy can be maintained.

(Final Draft)

Dr. Brotman's response to interrogation of Clarence Steinberger

I would agree with you if the copes would let it be that way, but there's a law against it. There are a lot of laws. You in Connecticut are in the process of passing new punitive legislation. We in New York state have surpassed you in developing a rigid law, more rigid than anything in the world. So I would say to you that it may be a secret that youth holds and maybe there is too much communication, but there was a piece of what I said that I hope will come across; when we talk about communication, I don't mean the process of feeling and conveying but also the content of communication. It's easy for a kid to say, "Oh, Dad, you just don't know about it,man; you know you're out." That's possible and he may be right. All that I tried to ask is that we understand the childlike motivation.

I am reminded of a test given me by a psychologist in 1943, when I came back from overseas, as part of the Rest and Rehabilitation. I think that I was, at the time, too intuned with childish satisfactions. I got a kick out of things like playing ball, thinking about acquiring a pass to go home - little things that are childlike because they're basic, quick satisfactions and not long term. I recall that, later, my greatest reward as a father came when my kid said to me, "Sometimes we get the feeling that you're enjoying these things more than we are." I think it's one of the elements that make up for maturity.

On the other side, the element that makes up for maturity is knowledge, hard, fact knowledge of the content of what these kids are talking about - the real content. There's a whole world around drugs. You can't take marijuana by yourself and learn how to use it. You have to learn about the effect of marijuana by sitting with others, hearing about it, and observing it so that you get a reinforcement of the condition; it's a group activity. Now if my kid knows how kids are using marijuana but the teacher doesn't know, what happens if the teacher introduces drug use in the Health Education portion of the curriculum? That one hour per year comes, and the teacher says, "Drugs - I'm going to go through it for you." The kid is sitting there; he knows the content and he knows that the teacher doesn't know. That is an element which could be improved in terms of communication.

Anxiety About Communication

Yes, there are secrets that should be kept, that are kept, but society will severely punish a child - and his parent, by the way - when drugs come into the picture. It's a secret he can't afford to keep in this society. In another society he could, but not here. There is an anxiety on the part of adults, school personnel, and kids about lack of communication.

If I go into a city in Connecticut and talk to a youngster who's using drugs on an estate on Long Island Sound and say, "Where do you go to pick up the stuff? Why don't you go back into the school where you belong? Go into the assembly if they're in there." He says, "Oh, my friend, that's where the stuff is." I have to pick this up as a fact.

If we stay away from the old, traditional, abstract interpretations and just deal in a childlike way with what they are saying, that is an advance over where we are now. I would subscribe exactly to your comment regarding the danger of the increased diffusion of drugs. I think it's a danger to democracy, ultimately. Huxley put it down very clearly, not without reason. So I do agree with you but let's start at the point where empiricism is the rule of the day.